3 Kings Road, Newark, Notts NG24 1EW Tel: 01636 551739
Email: info@childrensbereavementcentre.co.uk

Referral Form

(If you are self-referring please use this form to refer)

We appreciate you will be filling this form in under difficult circumstances however the information you give helps us to know what support to offer you. If you need any help with the form please do not hesitate to contact us. Once we have received your referral we aim to contact you by phone within 48 working hours and to book an assessment appointment within 2 weeks. There are times when exceptional circumstances mean we have to keep you waiting a little longer but, should that be the case, we will keep you informed.

Name of child:* **Gender:*** **Male/Female**

DOB:* **Ethnic origin:***

Names of Parent/Carer:*

Relationship to Child:*

Address:*

Postcode:* **Email address:**

Can we contact you via email: Yes/No

Home Number: **Mobile Number:**

Name of person referring child:*

(If different from above)

Agency and position if applicable:

Address:

Contact telephone number:

Email address:

Date of referral: * **How did you hear about the service: ***

What is the loss:* **Pre-Bereavement:** ☐ **Bereavement :** ☐ **Divorce/Separation:** ☐

Circumstances (include specific information such as names, relationship to child, nature of illness/loss) :

Date of Loss:*

Reason for referral (concerns about the child e.g. behavioural changes):
Other agencies involved if applicable (Such as: Macmillan, School Nurse, Social Care):

School Address: **GP Name & Address (include post code) :**

Medical condition/Allergies (if any): **Disability (if any):**

Who does the child live with:

Any issues with self harm or bullying:

Support Agreement

Please obtain parental/carer consent for this referral

Signature of Parent/Carer:	**Date:**

Office Use Only

Confidentiality Discussed

Signature of Parent/Carer:	**Date:**
Signature of Support Worker:	**Date:**

- **Required field.   Please complete all required fields identified by* to ensure there is no delay in processing your referral.**